

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001620

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

ITEM NO. AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 608

STATE FILE NUMBER

FILED FEB 15 1962

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Length of stay in 1b <u>30 years</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>General Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS <u>802 Tracy Avenue</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>ALLEN</u> Last <u>Dixon</u>		4. DATE OF DEATH Month <u>1</u> Day <u>31</u> Year <u>62</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/3/1877</u>
9. AGE (last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laundry Worker</u>		11. BIRTHPLACE (City and state or country) <u>Marshalltown, Iowa</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>Charles Dixon</u>	
13b. MOTHER'S MAIDEN NAME <u>Emma Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Josephine Dixon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u> </u>	
17. INFORMANT <u>Josephine Dixon, 802 Tracy Avenue</u>		Address <u> </u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>pyelonephritis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of bladder</u> DUE TO (c) <u>a extension</u>		INTERVAL BETWEEN ONSET AND DEATH <u> </u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u> </u>		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u> </u>	
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u> </u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		20f. CITY, TOWN, OR LOCATION <u> </u> COUNTY <u> </u> STATE <u> </u>	
21. I attended the deceased from <u>1-27-62</u> to <u>1-31-62</u> and last saw him alive on <u>1-31-62</u> Death occurred at <u>9:00</u> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Dr. D. W. Newcomer</u> (Degree or title)		22b. ADDRESS <u>2400 Cherry</u>	
22c. DATE SIGNED <u>1-31-62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	
23b. DATE <u>Feb. 2, 1962</u>		23c. NAME OF EMBALMER CREMATORY <u>D. W. Newcomer's Sons</u>	
23d. LOCATION (City, town, or county) <u>Kansas City Missouri</u>		24. FUNERAL DIRECTOR <u>1331 Brush Creek Blvd.</u> <u>D. W. Newcomer's Sons, Kansas City, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>2-2-62</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Frank Ellis

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DATE AMENDED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Index. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.